MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07471

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 13 yrs. 2 days

Hospital, institution, or street address where death occurred:
Veterans' Administration

How long in hospital or institution? Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: North Carolina County:

City or town: Fayettesville,
(If outside city or town limits, write RURAL and give nearest town)

Street No. 1019 Hay Street
(If rural, give LOCATION)

2.(a) If veteran, name war: World War

3.(a) FULL NAME: ANDREWS, Frank H.

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Divorced

6.(b) Name of husband or wife: Louise Eckles

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug. 24, 1892

8. AGE: Years	Months	Days	If less than one day
47	11	3	hrs. min.

9. Birthplace: North Carolina
(Town, county, and state)

10. Usual occupation: Salesman

11. Industry or business

FATHER 12. Name: Frank Andrews

FATHER 13. Birthplace: North Carolina

MOTHER 14. Maiden name: Lorena Merle

MOTHER 15. Birthplace: North Carolina

16. Informant: Hospital records

Address

17. buriel (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory: Unknown

Location: Wilmington, N. C.

18. Funeral director: Pennington & Sons

Address: Havre de Grace, Md.

19. July 28, 1940 (Date rec'd by registrar) Irene E Daugherty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 27 1940, at 7:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 25 1940, to July 27 1940 and that I last saw h. im alive on July 27 1940

Immediate cause of death	DURATION
General Paralysis of the insane.	Duration unknown.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results: --

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: -- Date of

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) --

Means of injury -- Injured at work?

23. SIGNATURE: C. F. Davis
C. F. DAVIS, M.D., Clinical Director
Address: Veterans' Administration, Perry Point, Md. Date signed: 7-27-40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07472

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Veterans' Administration

Stay in hospital or inst. (yrs., or mos., or days): 13 yrs. 1 mo. 6 days

Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Penna. County: ✓

City or town: Altoona Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 607½ - 6th Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World War

3. (a) FULL NAME: BATHURST, William

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Divorced

6 (b) Name of husband or wife: Unknown

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Feb. 10, 1890

8. AGE:

Years	Months	Days	If less than one day
50	4	24	____ hrs. ____ min.

9. Birthplace: Altoona, Pa.
(Town, county, and state)

10. Usual occupation: Brakeman & watchman

11. Industry or business: Railroad

FATHER
12. Name: O.K. Bathurst
13. Birthplace: Pennsylvania

MOTHER
14. Maiden name: Anna Foust
15. Birthplace: Pennsylvania

16. Informant: Hospital records
Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof: July 4, 1940 (month) (day) (year)

Cemetery or crematory

Location: Altoona, Pa.

18. Funeral director: Pennington & Son,
Address: PENNINGTON & SON Havre de Grace, Md.

19. 7-4- 19 40 (Date rec'd by registrar) Irene E. Daugherty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 4 1940, at 12:40 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 29 1927, to July 4 1940, and that I last saw him alive on July 4 1940.

Immediate cause of death	DURATION
Cerebral Thrombosis	18 hrs.
Due to	
Due to	
Other conditions	
General Parelysis of the Insane (Include pregnancy within 3 months of death)	Unknown

Major findings:

Of operations: --

Of autopsy: --

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: -- Date of

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): --

Means of injury: -- Injured at work?

23. SIGNATURE: C F Davis
C. F. DAVIS, M.D., Clinical Director
M.D. or other

Address: Veterans' Administration Perry Point, Md. Date signed: 7-4-40

RECEIVED
AUG 5 1940
BUREAU, U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

07473

Reg. Diat. No. 95

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Cecil

City or town Royal Near Greenhurst (mail) Rising Sun
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Cecil County

City or town Royal-Greenhurst Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. (mail) Rising Sun, Md., (near Greenhurst)
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Margaret Isabella Brickley

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband ~~or wife~~ J. Frank Brickley

6(c) If alive, give age 87 years

7. Birth date of deceased (mo., day, yr.) July 25 1859

8. AGE: Years 80 | Months 11 | Days 26 | If less than one day ____ hrs. ____ min.

9. Birthplace North East, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

FATHER 12. Name Hugh J. Armour

FATHER 13. Birthplace Cecil County Md.

MOTHER 14. Maiden name Mary Cathers

MOTHER 15. Birthplace Cecil Co. Md.

16. Informant J. Frank Brickley

Address Greenhurst, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7 24 1940 (month) (day) (year)

Cemetery or crematory Ebenezer Cem.

Location Greenhurst Md.

18. Funeral director Ralph M Reed

Address Rising Sun Md.

19. 7-23 1940 (Date rec'd by registrar) L. M. Worthington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1940 at 6 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1940 to July 1940, and that I last saw her alive on July 20 1940

	DURATION
Immediate cause of death Acute Cardiac Failure	
Due to Chronic Hypocardities	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George H. Russell MD M. D. or other

Address Rising Sun Md. Date signed 7/24/40

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(937-L)

07474

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil
City or town: Cecilville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): Lifetime in County
Stay in this community (yrs., or mos., or days): 3 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Cecil
City or town: Rural Free Del. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Theodore
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Annie Mary Brown

3. (b) Social Security Number: None

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married

B (b) Name of husband or wife: George W. Brown
6(c) If alive, give age: 80 years

7. Birth date of deceased (mo., day, yr.): Sept 17 1860

8. AGE: Years: 79 | Months: 10 | Days: 16 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Zion Cecil Co. Md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: —

FATHER
12. Name: Curry Isaacs
13. Birthplace: Cecil Co. Md

MOTHER
14. Maiden name: Margaret A. Pierce
15. Birthplace: Pa. Unknown

16. Informant: George W. Brown
Address: Cecilville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 2 1940 (month) (day) (year)
Cemetery or crematory: Bethel, Methodist
Location: Near North East, Md

18. Funeral director: Joseph A. Shaw
Address: North East, Md

19. Aug 2 1940 (Date rec'd by registrar) Irene E. Daugherty, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 30 1940 at 2:05 P.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from July 22 1940 to July 29 1940, and that I last saw h— alive on July 29 1940.

Immediate cause of death: Chronic Nephritis — DURATION: 2

Due to: —

Due to: —

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ____ Date of: ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: ____ Injured at work?

23. SIGNATURE: C. J. Benson M.D.
M. D. or other
Address: Port Deposit Date signed: 7/30/40

RECEIVED
SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

07475

Reg. Dist. No. 96

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Veterans' Administration

Stay in hospital or inst. (yrs., or mos., or days): 4 mos. 0 days

Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D.C. County:

City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 3829 Cathedral Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World War

3. (a) FULL NAME: CHRISTMAS, Whitney N.

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Married

6 (b) Name of husband or wife: Ocie Webb

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): October 20, 1899

8. AGE:

Years	Months	Days	If less than one day
40	8	23	____ hrs. ____ min.

9. Birthplace: Washington, D.C.
(Town, county, and state)

10. Usual occupation: Patent Examiner

11. Industry or business:

FATHER
12. Name: Dr. Wm. W. Christmas
13. Birthplace: Warrentown, N.C.

MOTHER
14. Maiden name: May Norris
15. Birthplace: Poolesville, Md.

16. Informant: Hospital Records
Address:

17. Buriad (Burial, cremation, or removal. Which?) Date thereof July 16, 1940 (month) (day) (year)

Cemetery or crematory: Arlington National Cemetery

Location: Ft. Myer, Va.

18. Funeral director: Pennington & Son, PENNINGTON & SON

Address: Havre de Grace, Md.

19. July 15 1940. (Date rec'd by registrar) Irma E. Daugherty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 13 1940, at 1:57 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 13 1940, to July 13 1940, and that I last saw him alive on July 13 1940.

Immediate cause of death	DURATION
Cerebral hemorrhage, left lateral ventricle	7-11-40
Due to	
Due to	
Other conditions	
Edema of the brain (Include pregnancy within 3 months of death)	7-11-40

Major findings:

Of operations: --

Of autopsy: --

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: -- Date of:

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): --

Means of injury: -- Injured at work?

23. SIGNATURE: C. F. Davis C. F. DAVIS, M.D., Clinical Director

Address: Veterans' Administration, Perry Point, Md. Date signed: 7-15-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUL 24 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

07476

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Cecil
City or town Charlestown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 49

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infant, give residence of mother)
State Maryland County Cecil
City or town Charlestown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3.(a) FULL NAME Margaret Murphy Cooper

3.(b) Social Security Number none

4. Sex female | 5. Color or race white | 6.(a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lloyd Cooper

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 10, 1890

8. AGE: Years 49 | Months 10 | Days 21 | If less than one day hrs. min.

9. Birthplace Charlestown Cecil Co. Md.
(Town, county, and state)

10. Usual occupation Houseworks

11. Industry or business own home

FATHER 12. Name Eugene E. Murphy

FATHER 13. Birthplace North East, Md.

MOTHER 14. Maiden name Rebecca M. Wilson

MOTHER 15. Birthplace Charlestown, Md.

18. Informant Lloyd Cooper

Address Charlestown, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 3, 1940 (month) (day) (year)

Cemetery or crematory Charlestown

Location Charlestown Cecil Co. Md.

18. Funeral director Lee A. Patterson

Address Perryville, Md.

19. Aug 2 1940 (Date rec'd by registrar) Irene E. Daugherty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1940, at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 4 1939 to July 31 1940 and that I last saw her alive on July 31 1940 5 A M

	DURATION
Immediate cause of death Coronary Thrombosis	
Due to Arterio Sclerosis	
Due to Hypertension	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank Wilbert M.D.
M. D. or other

Address Havre de Grace Date signed July 31

RECEIVED
SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07477

Reg. Dist. No. 96

1. PLACE OF DEATH:
County: Cecil
City or town: Perry Point, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 yr. 0 mos. 2 days
Hospital, Institution, or street address where death occurred:
Veterans' Administration
How long in hospital or institution? Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D.C. County:
City or town: Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1105- 3rd St., S.W., Wash., D.C.
(If rural, give LOCATION)
2.(a) If veteran, name war: Spanish American

3.(a) FULL NAME: DADE, Lewis L.

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Negro	Widower

6.(b) Name of husband or wife: Unknown
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Apr. 15, 1870

8. AGE: Years	Months	Days	If less than one day
70	3	12	..... hrs. ..... min.

9. Birthplace: Virginia (Town, county, and state)
10. Usual occupation: None
11. Industry or business:
FATHER 12. Name: Unknown
13. Birthplace: Unknown
MOTHER 14. Maiden name: Unknown
15. Birthplace: Unknown
16. Informant: Hospital records
Address:
17. Removal (Burial, cremation, or removal. Which?) Date thereof: July 28, 1940 (month) (day) (year)
Cemetery or crematory:
Location: Washington, D.C.
18. Funeral director: George B. Clarke
CLARKE & SNOWDEN
Address: 1416 Florida Ave., N.E., Washington, D.C.
19. July 28 1940 (Date rec'd by registrar) Truman E. Daugherty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 27 1940, at 6:28 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 25 1939 to July 27 1940 and that I last saw him alive on July 27 1940

Immediate cause of death	DURATION
Cerebral hemorrhage	4 days
Due to:	
Due to:	
Other conditions: Arteriosclerotic heart disease (Include pregnancy within 3 months of death)	Unknown

Major findings of operations: --
Date of op.:
Autopsy results: --
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: -- Date of:
Where did injury occur? -- (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): --
Means of injury: -- Injured at work?

23. SIGNATURE: D.D. Campbell
D.D. CAMPBELL, M.D., Manager M.D. or other
Address: Veterans' Administration Perry Point, Md. Date signed: 7-28-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

07478

Reg. Diat. No. 96

1. PLACE OF DEATH:
County Cecil
City or town Perry Point, Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Veterans' Administrration
Stay in hospital or insl. (yrs., or mos., or days) 6 yrs.3 mos.1 day
Stay in this community (yrs., or mos., or days) Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Virginia County
City or town South Richmond Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Rt. #7, Box 527
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR World War

3. (a) FULL NAME
DAVIS, Egbert E.

3. (b) Social Security Number
None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Widower

6 (b) Name of husband or wife Unknown - deceased
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 19, 1882

8. AGE: Years	Months	Days	If less than one day
57	9	13	hrs. min.

9. Birthplace Richmond, Virginia
(Town, county, and state)
10. Usual occupation Marine Pilot
11. Industry or business Merchant marine line

FATHER
12. Name Albert Davis - deceased
13. Birthplace Unknown

MOTHER
14. Maiden name Katherine Lyons- deceased
15. Birthplace Unknown

16. Informant Hospital records
Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof July 4, 1940 (month) (day) (year)
Cemetery or crematory
Location Richmond, Virginia
18. Funeral director Pennington & Son
PENNINGTON & SON
Address Havre de Grace, Md.

19. 7-3-40 (Date rec'd by registrar) 19
Irene E. Daugherty
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 19 40, at 8:00 PM

21. I CERTIFY that death occurred on the date above stated: ~~that I attended deceased from~~
Admitted to hospital 4-1-34 19,
and that I last saw h alive on 19.

Immediate cause of death	DURATION
Coronary Sclerosis	Unknown
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy Same as above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide -- Date of
Where did injury occur? -- (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) --
Means of injury -- Injured at work?

23. SIGNATURE John B. Slicer
JOHN B. SLICER, M.D., Coroner
of Cecil County
Address Rising Sun, Md. Date signed 7-3-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

07473

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County Cecil

City or town Elkton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Union Hospital

Stay in hospital or Inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Cecil

City or town rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rising Sun Rd 1

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Dean

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace Elkton, Cecil Co. Maryland

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Cecil Bernard Dean

13. Birthplace Lobelia, W. Va.

MOTHER 14. Maiden name Pauline Elizabeth Boaggs

15. Birthplace Hays Mill, W. Va.

16. Informant Mother

Address

17. burial (Burial, cremation, or removal. Which?) Date thereof July 12, 1940 (month) (day) (year)

Cemetery or crematory on premises

Location Rising Sun Md Rd 1

18. ~~Funeral director~~ Cecil B. Dean - father

Address

19. July 12 1940 (Date rec'd by registrar) F H Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1940, at 5:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 12 1940, to July 12 1940, and that I last saw h~~im~~er alive on 19

Immediate cause of death	DURATION
Premature ? immature gestation.	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R L Dodson M.D. M. D. or other

Address Rising Sun Md Date signed 7-13-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (47-D)

CERTIFICATE OF DEATH

07480

Reg. Dist. No. 95

1. PLACE OF DEATH:

County: Cecil

City or town: Liberty Grove (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 28 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Cecil Co.

City or town: Liberty Grove Md. (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Jesse Byard Dowland

3.(b) Social Security Number: 716-01-6168

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

8.(b) Name of husband or wife: Margaret E. Dowland

6.(c) If alive, give age: 51 years

7. Birth date of deceased (mo., day, yr.): Nov. 7th. 1880

8. AGE: Years	Months	Days	If less than one day
59	8	6	1 hrs. 20 min.

9. Birthplace: Nottingham Pa. (Town, county, and state)

10. Usual occupation: P.R.R. Car Rep. Helper.

11. Industry or business

FATHER 12. Name: Samuel H. Dowland

13. Birthplace: Nottingham Pa.

MOTHER 14. Maiden name: Rosleane Slicer

15. Birthplace: Rising Sun Md.

18. Informant: Mrs Margaret Dowland

Address: Liberty Grove Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 16 1940 (month) (day) (year)

Cemetery or crematory: West Nottingham Md.

Location: Colora Md.

18. Funeral director: J E Tyson

Address: Rising Sun Md.

19. July 13 1940 (Date rec'd by registrar) L M Washington Registrar

Permit issued 7-13-1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 12 1940, at 1.20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1940 to July 12 1940 and that I last saw him alive on July 12 1940

Immediate cause of death	DURATION
Bronchopneumonia	3 days
Due to: Cachectical pneumonia;	
Due to: following ruptured carcinomal intra the lung.	
Other conditions: Diabetes Mellitus Nephritis Arteriosclerosis	5 yrs. ?

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [illegible] M. D. or other

Address: [illegible] Date signed July 14 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

07481

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Maryland.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs. 6 mos. 17 days

Hospital, Institution, or street address where death occurred:
Veterans' Administration

How long in hospital or institution? Same as above

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. 3400 Old York Road
(If rural, give LOCATION)

2.(a) If veteran, name war: Spanish American

3.(a) FULL NAME: DYSER, Luke J.

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Married

6.(b) Name of husband/wife: Mrs. Annie Dyser

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 17, 1873

8. AGE: Years	Months	Days	If less than one day
67	4	14	..... hrs. ..... min.

9. Birthplace: Spottsylvania, Va.
(Town, county, and state)

10. Usual occupation: Policeman

11. Industry or business

FATHER
12. Name: Luke J. Dyser - deceased
13. Birthplace: Pennsylvania

MOTHER
14. Maiden name: Anna M. Hurley - deceased
15. Birthplace: Ireland

16. Informant: Hospital Records

Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof July 31, 1940 (month) (day) (year)

Cemetery or crematory: Baltimore National Cemetery

Location: Baltimore, Md.

18. Funeral director: Albert W. Peregoy
ALBERT W. PEREGOY

Address: 440 E. North Ave.
Baltimore, Maryland.

19. July 31 1940 (Date rec'd by registrar) Irma E. Daugherty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 31 1940, at 6:40 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 14 1938, to July 31, 1940 and that I last saw h im alive on July 31 1940

Immediate cause of death	DURATION
Cerebral hemorrhage	1 day
Due to	
Due to	
Other conditions	
Generalized Arteriosclerosis (Include pregnancy within 3 months of death)	Unknown

Major findings of operations: --

Date of op. --

Autopsy results: --

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: -- Date of --

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) --

Means of injury -- Injured at work?

23. SIGNATURE: C. F. Davis
C. F. DAVIS, M.D., Clinical Director

Address: Veterans' Administration Perry Point, Maryland Date signed 7-31-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

07482

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Union Hospital
Stay in hospital or inst. (yrs., or mos., or days): 3 days
Stay in this community (yrs., or mos., or days): 40 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Chesapeake City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Biddle St & Canal St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Hattie M Ellison

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	married

6 (b) Name of husband or wife: L Frank Ellison
6(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): Mch 26 1877

8. AGE:

Years	Months	Days	If less than one day
63	3	6	hrs. min.

9. Birthplace: Cecilton Cecil Maryland (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
MOTHER FATHER
12. Name: James Morgan
13. Birthplace: Cecilton, Maryland
14. Maiden name: Rebecca Freeman
15. Birthplace: Chesapeake City Md
16. Informant: L Frank Ellison
Address: Chesapeake City Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 5 1940 (month) (day) (year)
Cemetery or crematory: Bethel
Location: near Chesapeake City Md
18. Funeral director: H. W. Pippin
Address: Elkton, Maryland
19. July 5 1940 (Date rec'd by registrar) F P Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 2 1940, at 2:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1935, to July 2 1940, and that I last saw h-er alive on July 2 1940.

	DURATION
Immediate cause of death: Pulmonary Edema	2 days
Due to: Chronic Interstitial Nephritis	
Due to:	
Other conditions: Chronic Myocarditis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J Herbert Bailey M. D.
Address: Elkton Md Date signed 7/4/40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131-a)

CERTIFICATE OF DEATH

07483

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil
City or town: Elk Mills
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 83 yr

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Cecil
City or town: Elk Mills Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary Emma Forsaker

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	widowed

6 (b) Name of husband or wife: Wm. H. Forsaker
B(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept 14 1856

8. AGE:

Years	Months	Days	If less than one day
83	10	5	hrs. min.

9. Birthplace: Elkton Md RD 1
(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: Howard Boyd
13. Birthplace: Elkton Md RD 1

MOTHER
14. Maiden name: Sophia Short
15. Birthplace: Elkton Md RD 1

16. Informant: Mrs Olof Swanson
Address: Elkton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 22 1940 (month) (day) (year)
Cemetery or crematory: Wesley Methodist Cemetery
Location: Elkton Md RD 1

18. Funeral director: H W Pippin
Address: Elkton Md

19. July 22 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 19 1940 at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1940, to July 19 1940, and that I last saw him alive on July 19 1940.

	DURATION
Immediate cause of death: Cerebral Apoplexy	2 days
Due to: general arterio sclerosis	
Due to: Chronic Interstitial Nephritis	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: H. Herbert Bates M. D. or other
Address: Elkton Md Date signed 7/20/40

RECEIVED
AUG 5 1940
BUREAU V. S.

07484

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH:

County: Cecil

City or town: Rural Rising Sun
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 22½ years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Rural Rising Sun, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.: near Calvert, Md.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Malcolm Ford

3. (b) Social Security Number:

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widower

6.(b) Name of husband or wife: Mollie E. Ford

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan. 26, 1868

8. AGE: Years 72 Months 5 Days 22 If less than one day ..... hrs. ..... min.

9. Birthplace: Perryman, Harford, Md.
(Town, county, and state)

10. Usual occupation: Farming

11. Industry or business

FATHER
12. Name: George Ford
13. Birthplace: Perryman, Md.

MOTHER
14. Maiden name: Louise Shay
15. Birthplace: Aberdeen Md.

16. Informant: Elizabeth L. Taylor
Address: Rising Sun Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: July 21, 1940 (month) (day) (year)

Cemetery or crematory: Tuned Burying Ground

Location: Rising Sun Md.

18. Funeral director: J. E. Tyson
Address: Rising Sun Md.

19. 7-20 1940 L. M. Thurington
(Date rec'd by registrar) Registrar

Certificate issued 7-20-1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 18th 1940, at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 16 1940, to July 18 1940 and that I last saw him alive on July 18th 1940

Immediate cause of death: Cerebral Hemorrhage — DURATION: 2 days

Due to: (Apoplexy)

Due to: Arteriosclerosis — 2 yrs.

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings of operations: None
Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: C. L. Barry M.D.
M. D. or other

Address: Oxford Pa. Date signed: July 18 40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

07485

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr. 2 mos. 22 days

Hospital, institution, or street address where death occurred:
Veterans' Administration

How long in hospital or institution? Same as above

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Anne Arundel

City or town: Glen Burnie
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war: World War

3.(a) FULL NAME: GAUSE, Frederick C.

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Married

6.(b) Name of husband or wife: Mrs. Katherine Gause

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Dec. 17, 1894

8. AGE: Years	Months	Days	If less than one day
45	7	6	..... hrs. ..... min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: Frederick C. Gause, Sr. - deceased
13. Birthplace: Unknown Germany

MOTHER
14. Maiden name: Unknown - deceased
15. Birthplace: Unknown- Germany

16. Informant: Hospital records

Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof: July 24, 1940 (month) (day) (year)

Cemetery or crematory

Location: Baltimore, Maryland

18. Funeral director: Pennington & Son

Address: Havre de Grace, Md.

19. July 23, 1940 (Date rec'd by registrar) Isaac E. Daugherty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 23, 1940, at 9:25 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1, 1940, to July 23, 1940 and that I last saw him alive on July 23, 1940

Immediate cause of death	DURATION
Hypertensive heart disease	Unknown
Due to	
Due to	
Other conditions: -0-	

(Include pregnancy within 3 months of death)

Major findings of operations: --

Date of op. --

Autopsy results: --

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: -- Date of

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) --

Means of injury -- Injured at work?

23. SIGNATURE: C. F. Davis

C. F. DAVIS, M.D., Clinical Director

Address: Veterans' Administration, Perry Point, Maryland. Date signed: 7-23-40

RECEIVED
JUL 27 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07486

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Maryland.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr. 6 mos. 16 days

Hospital, institution, or street address where death occurred:
Veterans' Administration

How long in hospital or institution? Unknown

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: ~~Maryland~~ Texas County: ✓

City or town: San Antonio
(If outside city or town limits, write RURAL and give nearest town)

Street No. 102 Benita Street
(If rural, give LOCATION)

2.(a) If veteran, name war: Peace time

3.(a) FULL NAME: GIBBONS, Ernest

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Married

6.(b) Name of husband or wife: Agnes ?

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): 1886 - mo. unknown

8. AGE: Years	Months	Days	If less than one day
54	?	?	..... hrs. ..... min.

9. Birthplace: Wash., D.C. (Town, county, and state)

10. Usual occupation: Unknown

11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Hospital records

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 24, 1940 (month) (day) (year)

Cemetery or crematory: Arlington National Cemetery

Location: Ft. Myer, Virginia

18. Funeral director: Pennington & Son
PENNINGTON & SON

Address: Havre de Grace, Md.

19. July 22 1940 (Date rec'd by registrar) Irene E. Daughety Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 20 1940, at 1:12 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 4 1939 to July 20 1940 and that I last saw him alive on July 20 1940

Immediate cause of death	DURATION
General Paralysis of the Insane	Unknown
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: --

Date of op.

Autopsy results: --

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: -- Date of

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) --

Means of injury -- Injured at work?

23. SIGNATURE: C. F. Davis
C. F. DAVIS, M.D., Clinical Director

Address: Veterans' Administration, Perry Point, Maryland Date signed: 7-22-40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07487

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Union Hospital

Stay in hospital or inst. (yrs., or mos., or days): 8 days

Stay in this community (yrs., or mos., or days): 3 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Cherry Hill Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Anna Pearl Gibson.

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: Samuel H Gibson

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct 25 --1896

8. AGE: Years	Months	Days	If less than one day
43	8	20	hrs. min.

9. Birthplace: Maryland (town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER 12. Name: John Anderson

13. Birthplace: Pennsylvania

MOTHER 14. Maiden name: Anna L Wicks

15. Birthplace: Maryland

16. Informant: Mrs Lydia Founds

Address: Elkton R. D. 5 Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 20-1940 (month) (day) (year)

Cemetery or crematory: Calvert Cemetery

Location: Calvert Md

18. Funeral director: Florence E Abernathy

Address: Elkton Md R.F.D.

19. July 19 1940 (Date rec'd by registrar) F M Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 16, 1940, at 11 48 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1940, to July 16 1940, and that I last saw her alive on July 16 1940.

Immediate cause of death: Carcinoma of uterus

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: J Herbert Bates M. D. or other

Address: Elkton Md Date signed 7/16/40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07488

Reg. Dist. No. 94

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil
City or town: Rural Near North East, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ✓
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Week End Visitor

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Pa. County: Del. ✓
City or town: Swathmore, Pa. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 125 S. Chester Rd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: World war.

3. (a) FULL NAME ✓ Franklin S. Gillespie

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	Wh.	Married

6 (b) Name of husband or wife: Beatrice Gillespie

6(c) If alive, give age: 35 years

7. Birth date of deceased (mo., day, yr.): Nov. 9, 1896

8. AGE: Years	Months	Days	If less than one day
43	8	18	hrs. min.

9. Birthplace: Nottingham, Pa
(Town, county, and state)

10. Usual occupation: Medical Doctor

11. Industry or business

FATHER
12. Name: Edward A. Gillespie
13. Birthplace: Md

MOTHER
14. Maiden name: Mary Lincoln
15. Birthplace: Md

16. Informant: Mrs. Franklin Gillespie
Address: 125 - S. Chester Rd Swathmore Pa

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 31/40 (month) (day) (year)
Cemetery or crematory: West Nottingham,
Location: West Nottingham, Md

18. Funeral director: H. W. Pippin,
Address: Elkton, Md

19. 7-30-40 (Date rec'd by registrar) Lida E. Owens Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 27 1940 at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 27 1940 to July 27 1940, and that I last saw him alive on July 27 1940.

	DURATION
Immediate cause of death: CORONARY THROMBOSIS	UNKNOWN
Due to: ENDARTERITIS	
Due to:	
Other conditions: NONE	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: NONE

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: R. C. Zimmerman D.O.
M. D. or other
Address: 16 PARK AVE SWARTHMORE, PA Date signed 7-28-40

RECEIVED
AUG 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

07489

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County Cecil

City or town Elkton, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Union Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pa. County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baly Hammer

3. (b) Social Security Number

4. Sex: M.

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17, 1940

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace Elkton, Cecil Co, Maryland (Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER

12. Name Oscar W. Hammer

13. Birthplace Virginia

MOTHER

14. Maiden name Eva Janice Brown

15. Birthplace Nottingham, Penna.

16. Informant Mrs Eva Hammer

Address Nottingham Penna. R.D. #1

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. Aug 1 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1940, at 11 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-17 1940, to 7-17 1940, and that I last saw him not alive on 7-17 1940.

Immediate cause of death Premature 4 1/2 months

Due to

Due to Self induced abortion.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Rich Dodson MD M. D. or other

Address Jan Sec Md Date signed 7/21/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

07490

CERTIFICATE OF DEATH

Reg. Diat. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Veterans' Administration

Stay in hospital or inst. (yrs., or mos., or days): 3 mos. 5 days

Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 510 Payson Street, Baltimore, Md.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World War

3. (a) FULL NAME: HAYES, Jeremiah

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Single

6 (b) Name of husband or wife: --

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 12, 1893

8. AGE: Years	Months	Days	If less than one day
47	0	5	____ hrs. ____ min.

9. Birthplace: Ireland
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business:

FATHER
12. Name: John Hayes - deceased
13. Birthplace: Ireland

MOTHER
14. Maiden name: Ellen Connor - deceased
15. Birthplace: Ireland

16. Informant: Hospital records
Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 20, 1940 (month) (day) (year)

Cemetery or crematory: Baltimore National Cemetery

Location: Baltimore, Md.

18. Funeral director: D.Q. Covington
D.Q. COVINGTON
Address: 21 W. 25th Street
Baltimore, Md.

19. 7-18-40 (Date rec'd by registrar) Irene E. Daugherty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 17 1940, at 6:20 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 12 1940, to July 17 1940, and that I last saw h- im- alive on July 17 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	1 day
Due to	
Due to	
Other conditions	
Hypertensive heart disease	3-4 years

(Include pregnancy witbin 3 months of death)

Major findings:

Of operations: --

Of autopsy: --

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: -- Date of

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): --

Means of injury: -- Injured at work?

23. SIGNATURE: W. L. Meng, M.D. M.D. or other

W. L. MENG, M.D., Act. Clinical Director

Address: Veterans' Administration, Perry Point, Md. Date signed: 7-18-40

RECEIVED
AUG 5 1940
BUREAU V. S.

07491

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83xx)

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH:

County: Cecil

City or town: Rising Sun R.D.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Wilmington County: New Castle

City or town: Delaware Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Georgia Hewitt

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Lewis B. Hewitt

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): May 29 1860

8. AGE: Years: 80 Months: 1 Days: 20 If less than one day: hrs. min.

9. Birthplace: Havre De Grace Hartford Md
(Town, county, and state)

10. Usual occupation: —

11. Industry or business

FATHER
12. Name: Caspar Smith
13. Birthplace: Md

MOTHER
14. Maiden name: Mary E. Mars
15. Birthplace: Md

16. Informant: Daniel W. Hewitt
Address: 429 Bayard Ave Wil. Del.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: 7-20-1940 (month) (day) (year)

Cemetery or crematory: Asbury Md

Location: Asbury Md

18. Funeral director: Jos. Chandler
Address: 14 Jefferson St Wil. Del

19. July 17 1940 (Date rec'd by registrar) Lewis Worthington Registrar

Permit issued 7-17-1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 17 1940, at 730 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 17 1940, to July 17 1940, and that I last saw her alive on 7-17 1940.

Immediate cause of death: Cerebral Hemorrhage

Due to

Due to: Arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: R. C. Dodson M.D.
M. D. or other

Address: Rising Sun Md Date signed: 7-17-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

07492

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: East High St
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 35 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Elkton Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: E High St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary Elizabeth Hoover

3. (b) Social Security Number: None

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Wm Henry Hoover
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Apr 18 1865
8. AGE: Years: 75 Months: 3 Days: 8 If less than one day: hrs. min.
9. Birthplace: Massey Kent Maryland (Town, county, and state)
10. Usual occupation: at Home
11. Industry or business:
FATHER 12. Name: James Caleb McCool
13. Birthplace: No information
MOTHER 14. Maiden name: Mary Jane Walls
15. Birthplace: No Information
16. Informant: Mrs Walter Bryson
Address: Elkton Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 29 1940 (month) (day) (year)
Cemetery or crematory: Bethel
Location: near Chesapeake City Md
18. Funeral director: N. W. Pippin
Address: Elkton Md
19. July 27 1940 (Date rec'd by registrar) J W Fraser Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 26 1940, o'clock P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 16 1940, to July 26 1940, and that I last saw him alive on July 26 1940.

	DURATION
Immediate cause of death: Cerebral Embolism	
Due to: Chronic Myocarditis	
Other conditions:	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Jas J Hammond M.D.
M. D. or other
Address: Elkton Md Date signed July 29 1940

RECEIVED
AUG 5 1040
BUREAU V. S.

07493

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH:

County: Cecil

City or town: Rowlandsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Cecil

City or town: Rowlandville Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Abraham Hostetter

3.(b) Social Security Number: 717-07-5777 (Poss)

4. Sex: Male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Martha M. Hostetter

6.(c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.): Jan. 5, 1877

8. AGE: Years: 63 Months: 7 Days: 12 If less than one day: hrs. min.

9. Birthplace: Pa. (Town, county, and state)

10. Usual occupation: Operater, Pa. Railroad

11. Industry or business

FATHER
12. Name: J.H. Hostetter
13. Birthplace: Pa

MOTHER
14. Maiden name: Eva Fisher
15. Birthplace: Pa

16. Informant: Martha M. Hostetter
Address: Rowlandsville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 21, 1940 (month) (day) (year)

Cemetery or crematory: Harmony Chapel

Location: Rowlandville Md.

18. Funeral director: J. E. Tyson
Address: Rising Sun Md.

19. 7-20 (Date rec'd by registrar) 1940 L M Montrui gtm Registrar

Permit issued 7-20-1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 18 1940 at 9 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 18 1940 to July 18 1940 and that I last saw him alive on July 17 1940

Immediate cause of death: Coronary Thrombosis — DURATION: —

Due to

Due to: Dropped Dead

Other conditions: Angina — 6 mos
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Rowlandville Md. Date signed: 7/18/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M) (T)

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07494

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Union Hospital

Stay in hospital or inst. (yrs., or mos., or days): 5 da

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Cecil

City or town: Chesapeake City Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Frances Brown Jordan

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	Col	married

6 (b) Name of husband or wife: George Jordan

6(c) If alive, give age: 48 years

7. Birth date of deceased (mo., day, yr.): July 5 1894

8. AGE:

Years	Months	Days	If less than one day
46	-	23	hrs. min.

9. Birthplace: St. Augustine (Town, county, and state)

10. Usual occupation: Home wife.

11. Industry or business

FATHER 12. Name: James K. Brown

13. Birthplace: Md

MOTHER 14. Maiden name: Sarah Boyer

15. Birthplace: Md

16. Informant: George Jordan

Address: Chesapeake City Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 31/40 (month) (day) (year)

Cemetery or crematory: Manor

Location: Chesapeake City Rd

18. Funeral director: H. W. Pippin

Address: Elkton, Md

19. July 31 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 27 1940, at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10 1940, to July 27 1940, and that I last saw her alive on July 23 1940.

	DURATION
Immediate cause of death: Acute myocardial failure	1 day
Due to: Hemorrhage and Operation	
Due to: Fibroid uterus	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings: Fibroid uterus -

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Henry V Davis M.D. M. D. or other

Address: Chesapeake City Md Date signed 7/31/40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07495

Reg. Dist. No. 95

1. PLACE OF DEATH:

County: Cecil

City or town: Rowlandsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 43 yr.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Cecil

City or town: Rowlandsville
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME John Riley Logan

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Elizabeth Logan

6.(c) If alive, give age: 32 years

7. Birth date of deceased (mo., day, yr.): March 9 1897

8. AGE: Years	Months	Days	If less than one day
43	3	23	...hrs. ...min.

9. Birthplace: Rowlandsville
(Town, county, and state)

10. Usual occupation: Rural Mail Carrier

11. Industry or business

FATHER
12. Name: George C. Logan
13. Birthplace: Rising Sun, Md.

MOTHER
14. Maiden name: Elora B. Riley
15. Birthplace: Keyser West Va.

16. Informant: Mrs. John Logan

Address: Rowlandsville Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof: July 4 1940 (month) (day) (year)

Cemetery or crematory: West Nottingham

Location: Colora Md.

18. Funeral director: J.E. Tyson

Address: Rising Sun Md.

19. July 2 (Date rec'd by registrar) 19 40 L.M. Worthington Registrar

Permit issued 7-2-1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 4th 19 40 at 3 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Not attended 19 to 19

and that I last saw h alive on 19

Immediate cause of death: Coronary Thrombosis	DURATION
Due to: Chronic Endocarditis	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: John B. Slicer Coroner
M. D. or other

Address: Rising Sun Date signed: 7/3 1940

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 5 1940
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07496

Reg. Dist. No. 91

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil
City or town: Near Chesapeake City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Pa. County: Westmoreland
City or town: Jeanette, Pa. Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 822 Chambers Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Raymond Losten

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	Wh.	Single

6 (b) Name of husband or wife: —
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct. 19, 1925 ~~1926~~

8. AGE: Years	Months	Days	If less than one day
14	9	6	hrs. min.

9. Birthplace: Jeannette, Pa.
(Town, county, and state)
10. Usual occupation:
11. Industry or business
FATHER 12. Name: Nicholas Losten
13. Birthplace: Austria
MOTHER 14. Maiden name: Eva Brun
15. Birthplace: Austria
16. Informant: Nicholas Losten
Address: Jeanette Pa 822 Chambers Ave
17. Burial, (Burial, cremation, or removal. Which?) Date thereof July 30 (month) (day) (year)
Cemetery or crematory:
Location: Jeanette Pa
18. Funeral director: N. W. Pippin
Address: Elkton Md.
19. (Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 25 1940 at 5:20 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19
Immediate cause of death: Drowned in Co & Canal — DURATION
Chesapeake City
Due to: Inhaling in the Dup water
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of: 7/25 1940
Where did injury occur? Chesapeake City (City or town) Cecil (County) Md (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: John B. Shives M D Coroner
M. D. or other
Address: Rising Sun Date signed: 7/27 1940

RECEIVED
AUG 3 1949
BUREAU V. S.

07497

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183)

CERTIFICATE OF DEATH

Reg. Dist. No. 91

1. PLACE OF DEATH:

County: Cecil

City or town: Near Chesapeake City.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Pa County: Westmoreland

City or town: Jeanette, Pa Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 822 Chambers Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Vern Losten

3. (b) Social Security Number

4. Sex: F.

5. Color or race: Wh

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Jan. 25, 1927

8. AGE: Years: 13 Months: 6 Days: — If less than one day: ____ hrs. ____ min.

9. Birthplace: Jeannette, Pa.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Nicholas Losten
13. Birthplace: Jo Austra

MOTHER
14. Maiden name: Eva, Brun
15. Birthplace: Austra,

16. Informant: Nicholas Losten
Address: Jeanette, Pa 822 Chambers Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 30 (month) (day) (year)

Cemetery or crematory

Location: Jeanette, Pa

18. Funeral director: H. W. Pippin
Address: Elkton, Md

19. July 28 1940. Mrs. Ralph H. Rees
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 25 1940, at 4-15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-20 ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death: Drowned in C & D Cause Chesapeake City vud.

Due to: In bathing in Fox deep water

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of 7/25 1940

Where did injury occur? Chesapeake City (City or town) Cecil (County) Md (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: John B. Shea M.D. coroner
M. D. or other

Address: Tacing Sun Date signed 7-27 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 3 1940
BUREAU F. S.

07498

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH:

County: Cecil Co.

City or town: Rowlandville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Cecil

City or town: Rowlandville Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Anslow Moore

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6.(b) Name of husband or wife: Rosetta Moore

6.(c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.): Jan 7 1880

8. AGE: Years: 60 Months: 6 Days: 8 If less than one day: hrs. min.

9. Birthplace: Greenville N. C.
(Town, county, and state)

10. Usual occupation: Farmers

11. Industry or business

FATHER
12. Name: unknown
13. Birthplace: N. C

MOTHER
14. Maiden name: unknown
15. Birthplace: N. C.

16. Informant: Rosetta Moore
Address: Rowlandville Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: July 19, 1940 (month) (day) (year)

Cemetery or crematory: Mt Zion

Location: Conowingo

18. Funeral director: J. E. Tyson
Address: Rising Sun Md.

19. July 17 1940 (Date rec'd by registrar) Lorn Worthington Registrar

Permit issued 7-17-1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 15 1940 at 5 P. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from May 1938 19 , to July 1 1940 and that I last saw him alive on July 13 1940

Immediate cause of death: Acute Cardiac Failure — DURATION: 1 wk.

Due to: Chronic Myocarditis — 3 yrs.

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: George W. Kreaf M.D. or other

Address: Rising Sun Md. Date signed: 7/16/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (740)

07499

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Veterans' Administration

Stay in hospital or inst. (yrs., or mos., or days): 24 days

Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1225 N. Decker Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: Spanish American

3. (a) FULL NAME: NOVOTNY, John J.

3. (b) Social Security Number: Unknown

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Married

B (b) Name of husband/or wife: Mrs. Mary Novotny

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July ? 1879

8. AGE: Years	Months	Days	If less than one day
61	0		____ hrs. ____ min.

9. Birthplace: Austria
(Town, county, and state)

10. Usual occupation: Sailor

11. Industry or business

FATHER — 12. Name: Unknown

13. Birthplace: Unknown

MOTHER — 14. Maiden name: Unknown

15. Birthplace: Unknown

16. Informant: Hospital records

Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof July 11 1940 (month) (day) (year)

Cemetery or crematory: Holy Redeemer

Location: Baltimore, Md.

18. Funeral director: Irene E. Daugherty
FRANK CVACH & SON

Address: 900 N. Chester St.
Baltimore, Maryland.

19. July 8 1940. (Date rec'd by registrar) Irene E. Daugherty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 8 1940, at 11:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15 1940, to July 8 1940, and that I last saw h-im alive on July 8 1940.

Immediate cause of death	DURATION
Coronary Sclerosis	Unknown
Due to	
Due to	
Other conditions	
Generalized arteriosclerosis. (Include pregnancy within 3 months of death)	Unknown

Major findings:

Of operations: --

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: -- Date of

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): --

Means of injury: -- Injured at work?

23. SIGNATURE: C. F. Davis
C. F. DAVIS, M.D., Clinical Director
M.D. or other

Address: Veterans' Administration Perry Point, Md. Date signed: 7-8-40

RECEIVED
JUL 11 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (85)

CERTIFICATE OF DEATH

07500

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Veterans' Administration

Stay in hospital or inst. (yrs., or mos., or days): 7 mos. 23 days

Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D.C. County:

City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 723 Ball Court, N.W.,
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World War

3. (a) FULL NAME: PARKS, Joseph Fred

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Colored	Married

6 (b) Name of husband or wife: Martha Parks

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): March 26, 1897

8. AGE: Years	Months	Days	If less than one day
43	3	10	____ hrs. ____ min.

9. Birthplace: South Carolina
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Hospital Records

Address:

17. Removal (Burial, cremation, or removal. Which?) Date thereof July 8, 1940 (month) (day) (year)

Cemetery or crematory: Arlington National Cemetery

Location: Ft Myer, Va.

19. Funeral director: Pennington & Son

Address: PENNINGTON & SON Havre de Grace, Md.

19. July 8 19 40 (Date rec'd by registrar) Jane E. Daugherty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 6 19 40 at 12:02 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Admitted to hospital 11-13-39 19 ____, and that I last saw h alive on ____ 19 ____.

Immediate cause of death	DURATION
Epilepsy	Unknown
Due to	
Due to	
Other conditions --	

(Include pregnancy within 3 months of death)

Major findings:
Of operations --

Of autopsy Same as above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide -- Date of

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) --

Means of injury -- Injured at work?

23. SIGNATURE John B. Slicer M.D. Coroner or other

Address: Rising Sun, Md. Date signed 7-6-40

RECEIVED
AUG 5 1940
BUREAU V. S.

07501

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170c

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County: Cecil

City or town: Rural Near Elkton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 50 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Cecil

City or town: Elkton, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Rachel Catherine Pearson

3. (b) Social Security Number: None

4. Sex: F.

5. Color or race: Wh

6. (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: Samuel Pearson

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): March 3, 1890

8. AGE: Years 50 | Months 4 | Days 10 | If less than one day ____ hrs. ____ min.

9. Birthplace: Elkton
(Town, county, and state)

10. Usual occupation: House wife

11. Industry or business

FATHER
12. Name: George Foracre
13. Birthplace: Elkton, Md

MOTHER
14. Maiden name: Matilda Lowin
15. Birthplace: Ireland

16. Informant: Mrs George Dick
Address: Elkton, Md

17. Burial, (Burial, cremation, or removal. Which?) Date thereof July 17, 1940 (month) (day) (year)

Cemetery or crematory: Elkton Catholic Cemt.

Location: Elkton, Md

18. Funeral director: H. W. Pippin
Address: Elkton, Md

19. July 16 1940 (Date rec'd by registrar) F. R. Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 13 1940, at 8.30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Did not attend 19__,
and that I last saw h____ alive on ____ 19__.

Immediate cause of death: Broken Neck

Due to: Automobile Accident

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Accident Date of 7/13/40
Where did injury occur? Route 40 Near Elkton Cecil Co Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?): public place
Means of injury Injured at work? No

23. SIGNATURE: John B. Slicer Coroner
M. D. or other
Address: Rising Bear Md. Date signed 7/15 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07502

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Veterans' Administration

Stay in hospital or inst. (yrs., or mos., or days): 2 yrs.11 mos.18 days

Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Berlin Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: None
(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR: /World War

3. (a) FULL NAME: PENNEWELL, Solomon C.

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Negro	Single

6 (b) Name of husband or wife: --

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): - - 1890

8. AGE:

Years	Months	Days	If less than one day
50	?	?	hrs. min.

9. Birthplace: Berlin, Maryland
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Eliza Pennewell
15. Birthplace: Unknown

16. Informant: Hospital Records

Address:

17. Removal (Burial, cremation, or removal. Which?) Date thereof: July 12,1940 (month) (day) (year)

Cemetery or crematory: Unknown

Location: Berlin, Maryland

18. Funeral director: Pennington & Son PENNINGTON & SON

Address: Havre de Grace, Md.

19. 7-11- 19 40. Jane E. Daugherty
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 11 1940, at 3:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 23 1937, to July 11 1940, and that I last saw h im alive on July 11, 1940 19--.

Immediate cause of death	DURATION
Broncho pneumonia	3 days
Due to	
Due to	
Other conditions: General Paralysis of the Insane, cerebral type (Include pregnancy within 3 months of death)	Unknown

Major findings:

Of operations: --

Of autopsy: Same as above

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: -- Date of:

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): --

Means of injury: -- Injured at work?

23. SIGNATURE: C. F. Davis
C. F. DAVIS, M.D., Clinical Director

Address: Perry Point, Md. Date signed: 7-11-40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

CERTIFICATE OF DEATH

07503

Reg. Dist. No. 92

1. PLACE OF DEATH:

County Cecil

City or town Elkton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Union Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Cecil

City or town Chesapeake City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Ryan

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12 1940

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace Elkton, Md.
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Guy Edison Carter
13. Birthplace Virginia

MOTHER
14. Maiden name Margaret Marie Ryan
15. Birthplace Chesapeake City Md.

16. Informant Miss Margaret M. Ryan
Address Chesapeake City, Md.

17. (Burial, cremation, or removal. Which?) Data thereof (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. Aug 1 1940 (Date rec'd by registrar) I R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12, 1940, at 11:45 A.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from July 12 1940, to July 12 1940 and that I last saw deceased alive on 19

Immediate cause of death: Stillbirth (macerated) — DURATION: 6 mos.

Due to Unknown.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE V. H. McKnight Jr. M. D. or other

Address Elkton - Md. Date signed 7-14-1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

07504

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(186a)

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton ~~Hospital~~ (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Union Hosp.

How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Cecil

City or town: Elkton R.F.D. (If outside city or town limits, write RURAL and give nearest town)

Street No.: Union (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Laura Ella Scott

3.(b) Social Security Number: none

4. Sex: Female

5. Color or race: white

6.(a) Single, married, widowed, or divorced: widowed

6.(b) Name of husband or wife: George Scott

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): August 14 1856

8. AGE: Years 83 | Months 11 | Days 16 | If less than one day ..... hrs. ..... min.

9. Birthplace: Pa (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER: 12. Name: William Tolhard

13. Birthplace: Pa

MOTHER: 14. Maiden name: Unknown

15. Birthplace: Unknown

16. Informant: Holly Shines

Address: Bolora, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 1 1940 (month) (day) (year)

Cemetery ~~or crematory~~: Leeds Cem

Location: Leeds, Md.

18. Funeral director: J. E. Tyson

Address: Rising Sun Md.

19. July 31 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 30, 1940, at 2:38 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 28, 1940, to July 30, 1940 and that I last saw her alive on July, 1940

Immediate cause of death: Circulatory Collapse — DURATION: July 30

Due to: Amputation — right thigh leg, Supracondylar

Due to: Compound fracture, femur, right

Other conditions: (Include pregnancy within 3 months of death)

Major findings of operation: Comp. Comminuted fracture, ~~left~~ fem. Date of op. July 29, 1940

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: July 28, 1940

Where did injury occur? Union (City or town) Cecil (County) Maryland (State)

Injured at home, farm, industry, public place (where?): Home

Means of injury: Falling from porch Injured at work? No

23. SIGNATURE: Milford H. Sprecher, M.D. (M. D. or other)

Address: Elkton, Md. Date signed: July 31, 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07505

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
County: Cecil
City or town: Perry Point, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Veterans' Administration
Stay in hospital or inst. (yrs., or mos., or days): 1 yr. 4 mos. 13 days
Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 1510 Light Street
(If rural give LOCATION)
2(o) IF VETERAN, NAME WAR: World War

3. (a) FULL NAME: SHECKELS, John F.

3. (b) Social Security Number: 232-18-2801 (Rev.) ~~None~~

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Single

6 (b) Name of husband or wife: --

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): October 16, 1892

8. AGE: Years	Months	Days	If less than one day
47	8	29	____ hrs. ____ min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business:
FATHER 12. Name: Benjamin Sheckels - deceased
13. Birthplace: Unknown
MOTHER 14. Maiden name: Sarah Lyons- deceased
15. Birthplace: Unknown
16. Informant: Hospital records
Address:
17. Removal (Burial, cremation, or removal. Which?) Date thereof July 16, 1940 (month) (day) (year)
Cemetery or crematory: Baltimore National Cemetery
Location: Baltimore, Md.
18. Funeral director: Pennington & Son
Address: Havre de Grace, Md.
19. July 16 1940 (Date rec'd by registrar) Irene E. Daugherty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 15 1940, at 10:45 AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 2 1939, to July 15 1940, and that I last saw him alive on July 15 1940.

Immediate cause of death	DURATION
Lobar pneumonia	July 8, 1940
Due to	
Due to	
Other conditions	
Uremia (Include pregnancy within 3 months of death)	July 8, 1940

Major findings:
Of operations: --
Of autopsy: --

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: -- Date of
Where did injury occur? -- (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): --
Means of injury -- Injured at work?

23. SIGNATURE: W. L. Meng, M.D.
Address: Veterans' Administration, Perry Point, Md. Act. Clinical Director
Date signed 7-16-40

RECEIVED
JUL 20 1940
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (172)

07506

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
County: Cecil
City or town: White Crystal Beach
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Earleville Md R.D.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 3 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Delaware County: ✓
City or town: Wilmington Beach Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 1835 W 4th St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Anthony J Simene Anothy Simeone Simeone

3. (b) Social Security Number: none

4. Sex: male
5. Color or race: white
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: —
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Jan 24 1923
8. AGE: Years 17 Months 5 Days 27 If less than one day ____ hrs. ____ min.
9. Birthplace: Wilmington Delaware (Town, county, and state)
10. Usual occupation: at School
11. Industry or business: —
FATHER
12. Name: Peter J Simene
13. Birthplace: West Grove Pa
MOTHER
14. Maiden name: Elvira Rolumo
15. Birthplace: Italy
16. Informant: Peter J Simene
Address: 1835 W 4th St Wilmington Del
17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 25, 1940 (month) (day) (year)
Cemetery or crematory: Cathedral
Location: Wilmington Del
18. Funeral director: H W Pippin
Address: Elkton Md
19. July 23 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 21 1940, at 1130 AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.
Immediate cause of death: Drowned
Due to: falling out of boat
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: accident Date of: 7/21 1940
Where did injury occur? Elk river (City or town) Cecil (County) Md (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: John B. Glisser MD Coroner M. D. or other
Address: Rising Sun, Md. Date signed: 7/23 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 2 1940
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183)

07507

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH:

County Found in Cecil. Susquehanna River (Dam)

City or town Conowingo

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Unknown County -

City or town Unknown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR Unknown -

3. (a) FULL NAME Unknown

3. (b) Social Security Number

4. Sex Male

5. Color or race Imposed White

6. (a) Single, married, widowed, or divorced Unknown

6 (b) Name of husband or wife Unknown

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years Unknown | Months | Days | If less than one day hrs. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual occupation -

11. Industry or business -

FATHER

12. Name -

13. Birthplace -

MOTHER

14. Maiden name -

15. Birthplace -

16. Informant -

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 7, 1940 (month) (day) (year)

Cemetery or crematory Cecil County Home

Location Cecil County, Md.

18. Funeral director H. S. Bailey

Address

19. July 7 1940 (Date rec'd by registrar) L. W. Northington Registrar

Permit Issued 7-7-1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Found in day July 7 1940, at 7:15 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from not attended, to 19

and that I last saw h alive on 19

Immediate cause of death Drowned in Susquehanna River

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of Unknown

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John B. Slicer M D Evans M. D. or other

Address Rising Sun Date signed 5/7 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 3 1940
BUREAU V. S.

CERTIFICATE OF DEATH

STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

~~DELAWARE~~ MARYLAND.

State File No. 07508
Registrar's No. 92

1. PLACE OF DEATH:
(a) County Cecil Hundred
(b) City or Town Appleton Md
(c) No. Street
(If death occurred in a hospital or institution, give its NAME instead of street and number)
(d) Length of stay: In community 3 Weeks
In hospital or institution
(Specify whether years, months, days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Phila Pa (b) County Phila Pa
(c) Hundred, city or town
(d) Street and No. (if rural, give location)
(e) If foreign born, how long in U. S. A.? years

3. Social Security No. none

4. FULL NAME OF DECEASED Clarence E Vernon

PERSONAL AND STATISTICAL PARTICULARS

5. SEX F
6. COLOR OR RACE White
7. Single, Married, Widowed or Divorced (write the word) Widow

7a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Clarence Vernon

8. DATE OF BIRTH (mo. day and yr.) Dec 19 1876

9. AGE Years 63 Months 7 Days 3 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION
10. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. At Home
11. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

12. BIRTHPLACE (city or town) (State or country) Del

FATHER
13. NAME Edward McGuire
14. BIRTHPLACE (city or town) (State or Country) Ireland
14a. NATIONALITY Irish

MOTHER
15. MAIDEN NAME Mary E McCloskey
16. BIRTHPLACE (city or town) (State or Country) Del
16a. NATIONALITY Irish

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

17. INFORMANT (Address) Mrs. Mabel Vernon 16 W. 22 W
Date of Information July 22 '40

18. BURIAL, CREMATION OR REMOVAL
Place Cathedral Date July 25 '40

19. UNDERTAKER Whitington
Address Marshall H. Gatman & Son

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (mo. day and yr.) July 22 '40

21. I HEREBY CERTIFY, That I attended deceased from July 7, 1940, to July 22, 1940
I last saw her alive on July 22, 1940 Death is said to have occurred on the date stated above at 1:15 A m
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
acute cardiac edema	?

Contributory causes of importance not related to principal cause
Myocarditis, chronic

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

23. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Earle Weggenmann M. D.
(Address) Newark, Delaware

24. FILED 19 Wilson Local Sub-Registrar
FILED July 23 1940 F R Frazer Local Registrar

THIS CERTIFICATE MUST BE FILED WITH THE LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH AND BEFORE INTERMENT OR OTHER DISPOSAL OF THE BODY

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

10.—The trade, profession, or particular kind of work done.

11.—The industry or business in which the work was done.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries. Examples:

Example I	Date of onset	**Example II**	Date of onset
The **principal cause of death** and related causes of importance in order of onset were as follows:		The **principal cause of death** and related causes of importance in order of onset were as follows:	
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1924*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Contributory causes of importance not related to principal cause:		**Contributory causes** of importance not related to principal cause:	
Fracture of arm		*Influenza*	
Automobile Accident	*May 3, 1927*		*6 weeks ago*

RECEIVED
AUG 2 1960
BUREAU V. S.

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in each of the above examples happens to be the second cause given.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07509

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil
City or town: Perry Point, Maryland.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 14 yrs. 6 mos. 19 days
Hospital, institution, or street address where death occurred:
Veterans' Administration
How long in hospital or institution? Same as above

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Penna. County:
City or town: Johnstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 737 Robert Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war: World War

3.(a) FULL NAME
WEIMER, Addison

3.(b) Social Security Number
None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Married

6.(b) Name of husband or wife: Unknown
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 13, 1896

8. AGE: Years	Months	Days	If less than one day
44	3	17	hrs. min.

9. Birthplace: Pennsylvania
(Town, county, and state)
10. Usual occupation: Electrician
11. Industry or business
FATHER 12. Name: J. L. Weimer
13. Birthplace: Unknown
MOTHER 14. Maiden name: Unknown
15. Birthplace: Unknown
16. Informant: Hospital records
Address
17. Removal (Burial, cremation, or removal. Which?) Date thereof: July 31, 1940 (month) (day) (year)
Cemetery or crematory: Unknown
Location: Johnstown, Penna.
18. Funeral director: Pennington & Son
PENNINGTON & SON
Address: Havre de Grace, Md.
19. July 30 1940 (Date rec'd by registrar) Irene E. Daugherty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 30 1940, at 3:08 AM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from January 21 1926, to July 30 1940 and that I last saw him alive on July 30 1940

Immediate cause of death	DURATION
General Paralysis of the Insane	Unknown
Due to	
Due to	
Other conditions --	

(Include pregnancy within 3 months of death)

Major findings of operations: --
Date of op.: --
Autopsy results: --
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: -- Date of
Where did injury occur? -- (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) --
Means of injury -- Injured at work?

23. SIGNATURE: C.F. Davis
C.F. DAVIS, M.D., Clinical Director
Address: Veterans' Administration, Perry Point, Md. Date signed: 7-30-40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (41-a)

07510

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Union Hospital
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Elkton Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 125 Maffitt St.
(If rural, give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Nancy Williams

3. (b) Social Security Number:

4. Sex: female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife:
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): July 14, 1940
8. AGE: Years | Months | Days | If less than one day: hrs. 30 min.
9. Birthplace: Elkton, Md. (Town, county, and state)
10. Usual occupation: Infant
11. Industry or business
FATHER 12. Name: Percy Carl Williams Jr.
FATHER 13. Birthplace: Sault St. Marie, Michigan
MOTHER 14. Maiden name: Esther Emma Traurig
MOTHER 15. Birthplace: Philadelphia, Penna.
16. Informant: Mrs. P. Carl Williams Jr.
Address: 125 Maffitt St. Elkton, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 15 1940 (month) (day) (year)
Cemetery or crematory: Elkton Cemetery
Location: Elkton Md
18. Funeral director: H. W. Rippin
Address: Elkton Md
19. July 15 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 14, 1940, at 10:15 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 14, 1940, to July 14, 1940, and that I last saw h alive on July 14, 1940.

Immediate cause of death: Congenital Atelectasis — DURATION
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Dt operations:
Dt autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Herbert Baker M. D. or other
Address: Elkton, Maryland Date signed 7/14/40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

07511

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County: Cecil

City or town: Union Hospital Elkton Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): 8 Days

Stay in this community (yrs., or mos., or days): 50 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Rural near Pleasant Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: George Washington Woodson

3. (b) Social Security Number: none

4. Sex: Male

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Julia Jane Woodson

6(c) If alive, give age: 74 years

7. Birth date of deceased (mo., day, yr.): Mar 15----1859

8. AGE: Years: 81 Months: 2 Days: 15 If less than one day: hrs. min.

9. Birthplace: Connecticut
(Town, county, and state)

10. Usual occupation: Labor

11. Industry or business

FATHER
12. Name: George Washington Woodson
13. Birthplace: No information

MOTHER
14. Maiden name: .. ..
15. Birthplace: .. ..

16. Informant: Mrs julia J Woodson

Address: Childs Cecil Co Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 5--1940 (month) (day) (year)

Cemetery or crematory: Ceder Hill Cemetery

Location: Ceder Hill Md

16. Funeral director: Florence E Abernathy

Address: Elkton Md R.D. 3

19. July 3 1940 (Date rec'd by registrar) F. R. Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 1st 1940, at 2 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1939 to July 1st 1940, and that I last saw him alive on July 1st 1940.

Immediate cause of death: chronic myocarditis

Due to: [illegible]

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 5 to 6 yrs

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: [illegible] M. D. or other

Address: [illegible] Date signed: 7/3/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.